

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6402</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Stanley D Wofford</u>  P.O. Box, Bldg., Room No., if any  Street <u>7486 Birch Bridge Dr</u>  City <u>St. Louis</u>  State <u>Missouri</u> ZIP Code +4 <u>63129-6214</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers and trainm</u>  Labor Organization File Number <u>047-477</u>  P.O. Box, Building and Room Number, if any  Street <u>1818 Waterford Ridge Dr</u>  City <u>Manchester</u>  State <u>Missouri</u> ZIP Code +4 <u>63021-5834</u>
5. Position in labor organization. <u>BLET Local Chairman Division 428</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stanley D. Wofford

On

08/13/2005

Date

314-846-1510

Telephone Number

Name of Person Filing Stanley Wofford	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code -- 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Jerome Schlichter</p> <p>Trade Name, if any: Schlichter, Bogard &amp; Denton</p> <p>P.O. Box, Bldg., Room No., if any Suite 900</p> <p>Street 100 S. 4th Street</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63102-1800</p>	<p>14.a. Nature of payment.</p> <p>2 World Series Tickets game 3 10/26/04</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$370</p>



Stanley D. Wofford  
7486 Birch Bridge Dr.  
St. Louis, MO 63129  
Phone 314-846-1510

U. S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, D.C. 20210

## CERTIFIED MAIL

August 13, 2005

To Whom It May Concern:

I mailed a LM 30 report on August 9, 2005 priority mail with a delivery confirmation. I have included the copy of receipt that it was sent on that date.

I have checked the delivery confirmation today and it shows it hasn't been delivered for some reason.

So, I have prepared a new LM 30 report today and mailing it Certified mail.

So, the other one may show up but this is in case it doesn't.

Sincerely,

*Stanley D Wofford*  
Stanley D. Wofford

DELIVERY CONFIRMATION NUMBER: 0305 0830 0001 0048 7773

Article Sent To: (to be completed by mailer)

115 DEPT - OF LABOUR  
100 CONSTITUTION AVE  
WASHINGTON DC 20210

## Best Customer

**Keep this receipt. For inquiries:**

Access internet web site at

www.usps.com®

or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

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☐ Priority Mail Service

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(See Reversal)

PS Form 152, May 2002

SAINT LOUIS, Missouri

631299998

2871440229-0097

08/09/2005

(314)846-2380

11:03:33 AM

## Sales Receipt

Product	Sale	Unit	Final
Description	Qty	Price	Price

WASHINGTON DC 20210 \$3.85

Priority Mail

Delivery Confirmation	\$0.45
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Label Serial #: 03050830000100487713

Issue PVI: \$4.30

Total:	\$4.30
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Paid by:

Cash	\$20.00
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Change Due: -\$15.70

Bill#: 10C0302241400

Clerk: 06

— All sales final on stamps and postage. —

Refunds for guaranteed services only.

Thank you for your business.

Customer Copy